# Community Networks - Building Community Capacity, Reducing Rates of Child and Family Problems

Trends among Washington State Counties from 1998 to 2006

Dario Longhi Ph.D. & Laura Porter

in collaboration with the Family Policy Council Staff and Community Network Staff

**September 2008**

For the past 10 years Family Policy Council Community Networks (Community Networks) have worked collaboratively with families, community-based organizations, and state managers to develop higher levels of community capacity and to reduce the rates of major social problems:

- Domestic violence
- Infant mortality
- Child abuse

- Youth violence
- School dropouts
- Teen pregnancy

- Youth suicide
- Youth substance abuse
- Child out-of-home placement

Communities vary greatly in the number and severity of problems they face and in the resources available to solve them. Problem severity – having many problems with rates that fall in the worst quartile of rates statewide – can complicate community work to improve the lives of children and families because problems are interrelated,[1] multigenerational, and can seem overwhelming. Community Networks increase community capacity to help families thrive. The Family Policy Council index of community capacity, assessed every two years, includes four dimensions that both research and practice suggest are most important:

FOCUS: A strategic, shared, result-based focus

LEADERSHIP: Collaborative leadership with whole community, leveraged resources, & sustainable efforts

LEARNING: Innovation and learning from changing conditions and experiences

RESULTS: Careful attention to measured "risks" and results-based decisions

Recent studies on successful public health interventions indicate that building community capacity creates community resiliency - a way of mediating, stabilizing and actually reducing community problems.

**THREE MAJOR FINDINGS emerged from an examination of trends in Washington communities:**

1. **Among counties with state-funded Community Networks, overall severity of problems decreased or remained stable while they worsened for those counties without state-funded Networks.**

2. **Among counties with state-funded Community Networks, the higher the average community capacity, the larger the number of better-than-state trends in rates of locally prioritized child and family problems, like child abuse, youth substance abuse and dropping out of school.**

3. **Counties that achieved more improvements in community capacity during this period achieved greater reductions in the overall severity of child/family problems by the end of this period.**
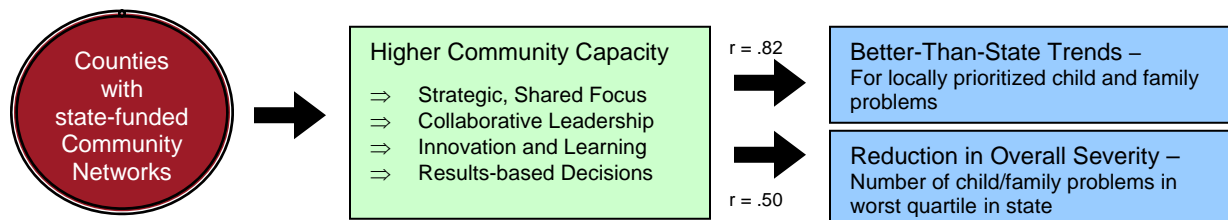


These findings support the conclusion that the Family Policy Council Community Networks build community capacity that is a powerful means for reducing targeted rates of child and family problems and, eventually, for making these problems less severe.

[1]Sharkova, Estee, Kohlenberg with Porter and Longhi, *Interrelatedness of Community Indicators of Youth and Family Problems: Preliminary Analysis of the Geographic Distributions by School District Locales and Zip Code Tabulations Areas*, DSHS: PPA|RDA, April 16, 2008.

# Specific Research Findings

1. **Based on an analysis of variation in the overall severity of problems across counties, children and families in counties with state-funded Community Networks fared better in this period than those without an active Family Policy Council Community Network.**

The overall severity of child and family problems improved or remained stable between 1998 and 2006 in 72 percent (21 out of 29) of counties with a state-funded Community Network.

In contrast, the overall severity of child and family problems worsened in 70 percent (7 of 10) in a comparison group of counties lacking state-funded Community Networks.

The two groups (those with Community Networks, and those without) had similar overall severity of problems at the beginning of the 1998 to 2006 period (similar means and standard deviations).

Changes in overall severity between the two groups (one improving and one worsening) cannot be attributed to changes in local conditions (changes in population, race/ethnic composition, poverty, unemployment, divorce or overall adult crime rates). See Technical Appendix.
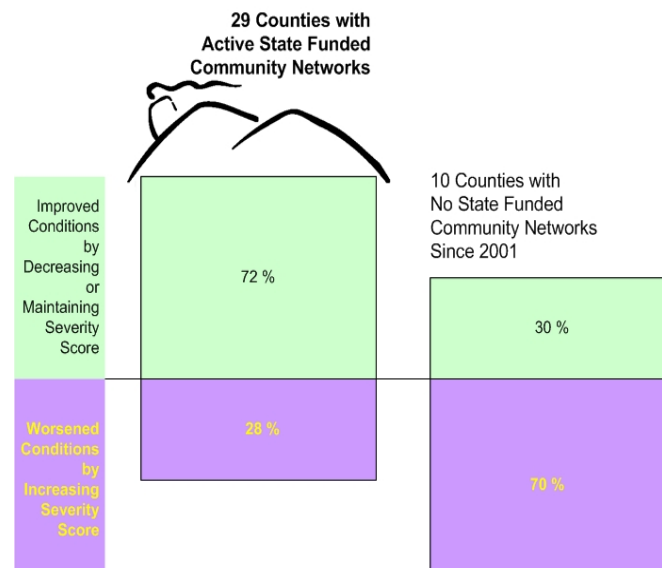


2. **The community capacity built by Community Networks with their partners was important in driving rates down: A higher average level of community capacity was strongly correlated with a higher number of better-than-state trends in the rate(s) of child and family problems.**

More than 83 percent (30 of 36) of state-funded Community Networks achieved at least one better-than-state trend in a locally prioritized problem.

The higher the average community capacity attained, the higher the number of better-than-state trends achieved. The correlation was strong (about .70) and statistically significant between community capacity and the number of better-than-state trends. Specifying a curvilinear relation instead of a linear one increased the correlation from .70 to .82.

There may be a tipping point at a certain level of community capacity where health problems improve rapidly, according to the research literature on processes of change. The data supported these expectations. There were small increases in the number of better-than-state trends at lower levels of community capacity –at the first through third quartiles, and then a much higher increase –to 5.14 at the fourth quartile. See graph.
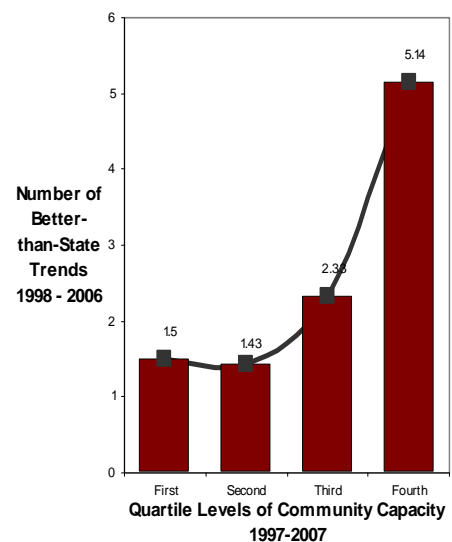


3. **Improvements in community capacity from 1998 to 2006 were significantly correlated with decreases in overall problem severity – a reduction of the number of severe child and family problems – by the end of this period.**

Networks that improved community capacity in this period also tended to decrease the number of severe child and family problems in their communities. The data showed a statistically significant correlation of about .50 between improvements in community capacity from 1998 to 2006 and reductions in overall problem severity by the end of this period.

## Discussion

The correlations reported so far were _not_ explained away by other changes in the communities affected. The correlations remained statistically significant even after statistically accounting for changes in local conditions - population, race/ethnic composition, poverty, unemployment, divorce and overall adult crime rates. See the Technical Appendix for details on the statistical modeling used.

This evidence strongly supports the independent impact of community capacity in successfully improving child and family wellbeing under various changing conditions.

It is also important to note that most Family Policy Council Community Networks that made big improvements in community capacity over the ten year period between 1997 and 2007 had been challenged by high initial levels of overall severity. They were facing a pile-up of five to eight child and family problems with rates in the worst quartile in 1998. So it is particularly promising to see that community capacity can increase rapidly even in highly challenging local circumstances.

## Conclusions

Community capacity built by Family Policy Council Community Networks and their partners is an effective means for reducing targeted rates of child and family problems.

There seems to be a tipping point in capacity, beyond which we may see problems reduced more quickly.

Current evidence indicates that further increases in capacity may well lead to even larger reductions in the overall severity of this set of child and family problems, though it is too early to tell given anticipated long, lagged effects of changes in community capacity.
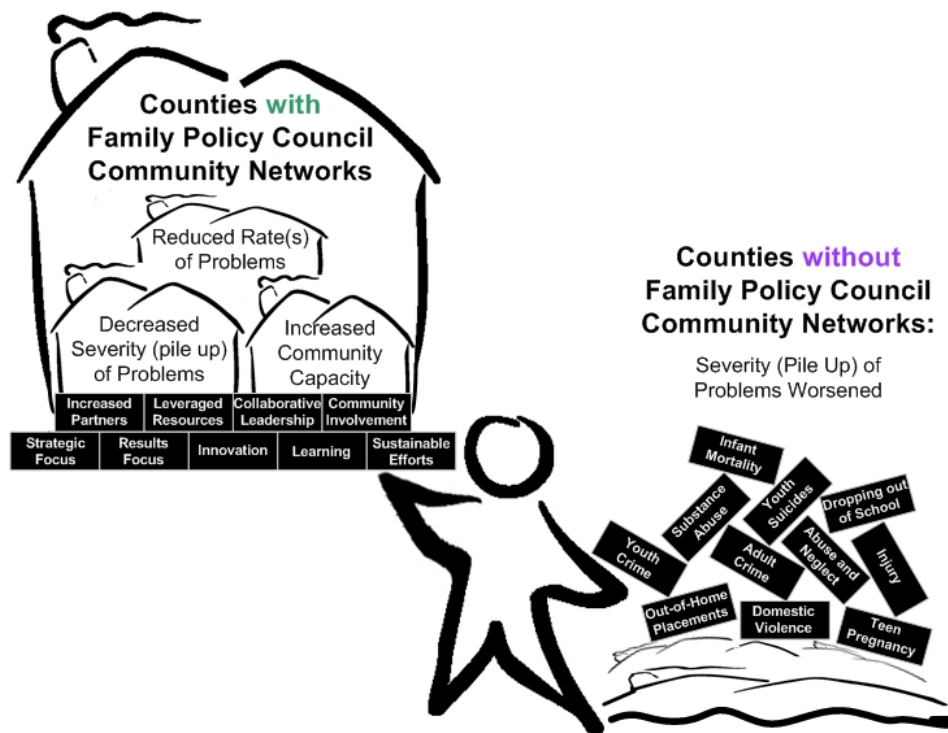


## Next Steps

The Family Policy Council started conducting case studies in early 2008 that are uncovering further dimensions of community capacity and ways of assessing them so that the Council and its agency partners can learn how to better foster and sustain them.

Three recent case studies by Clegg and Associates, _School Drop Out Reduction in Washington State – Summary of Key Learnings and Case Studies_; August 2008, showed ways in which community-driven efforts in localities with high community capacity have lowered school dropout rates. Additional case studies concerning success in reducing other child and family problems should provide further lessons and these could be shared across communities.

# Definitions and Methods

**Severity -** A severity index was built using 15 indicators of rates of child and family problems of concern to the Family Policy Council. Three year rolling averages were computed to increase the stability of rates for each indicator. The indicators that were readily available for counties across the state for each year from 1998 to 2006 were the following:

- Safety related – Injury hospitalizations (birth to 17), out-of-home placements, terminations of parental rights, filing for juvenile offence, youth arrests for violent crime and weapons incidents at school
- Health related – Low birth weight, infant mortality, no third trimester care, teen mothers and teen suicide attempts
- Development related – Arrests for alcohol and arrests for drugs
- Learning related – Low performance on Grade 4 WASL and High School dropout (yearly average dropout and freshman to senior dropout rates)

For each county, the severity index increased by one for every problem indicator that fell in the worst quartile of the distribution of rates for all counties in the state. High severity for a particular county means that the county has a "pile-up" of severe problems (for example, rates in the worse quartile for child out-of-home placements, plus youth drug addiction, plus dropping out of school would result in a severity index or "pile-up" of 3).

Decreasing or increasing severity over the past eight years was determined by comparing the number of severe problems in 1998 with the number of severe problems in 2006.
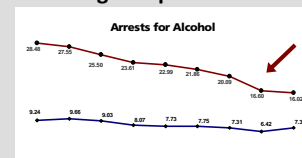
**Capacity -** Community capacity was rated every other year by a set of external reviewers based on reports submitted to the Family Policy Council. A community capacity index was computed by averaging the independent ratings of the different reviewers across the four dimensions listed on the first page of this report. An analysis of recent ratings showed good inter-rater reliability among the reviewers. Two summary measures were also computed:

- A ten year average capacity measure, averaging the past five capacity indexes - used to calculate the correlation of overall community capacity achieved with the number of better-than-state trends from 1998 to 2006.
- A capacity change measure, computed by comparing the average capacity achieved in the first six years (1997 to 2003) with the average achieved in the last four years (2003 to 2007). This change measure was used to correlate improvements in community capacity with overall reductions in severity of child and family problems
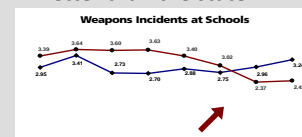
**Trends -** Better-than-state trends were defined to include the following:

1. **Closing a gap** between the county and state - the county line starting much higher than the state line (worse) and then getting closer to the state line in more recent years (better).

2. **Doing better than the state** in recent years compared to earlier years – the trend lines actually crossing each other through time. The county average starts with rates above the state average (worse) and ends with rates below the state average (better).

3. **Improving upon success** – the county line beginning below the state line (better), remaining below the state one and actually getting lower in recent years (much better).
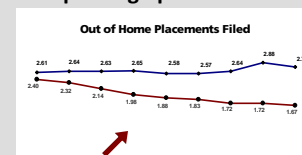
**1. Closing a Gap**



Arrests for Alcohol

**2. Better than the state**



Weapons Incidents at Schools

**3. Improving upon success**



Out of Home Placements Filed

**Methods –** Statistical modelling (multivariate regression) was used to test for the statistical significance of the major findings and to determine whether other measurable changes in community conditions could account for the changes in the rates of children and family problems among the thirty nine counties in the State of Washington. See the Technical Appendix, available upon request, for detailed results of the statistical modeling.